

OFFICIAL
PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**
(Case No. 00-618-A)**RECEIVED**
CENTRAL FAX CENTER**MAY 12 2004**

In re Application of:)
Italo O. Biaggioni et al.)
Serial No.: 09/648,775)
Filed: August 28, 2000)
For: Selective Antagonists of A2B Adenosine)
Receptors)

Examiner: M. Berch
Group Art Unit: 1624
Fax No.: 703-872-9306
No. Of Pages: 8

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FACSIMILE TRANSMITTAL LETTER

Sir:

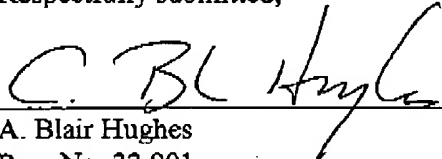
In regard to the above identified application:

1. We are transmitting herewith the attached:
 - a. Reply to the February 4, 2004 Final Rejection
2. With respect to fees:
 - a. Please charge Deposit Account No. 13-2490 in the amount of \$55.00.
 - b. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2490.
3. **CERTIFICATE OF MAILING UNDER 37 CFR § 1.8:** The undersigned hereby certifies that this Transmittal Letter and the paper, as described in paragraph 1 hereinabove, are being transmitted to the USPTO facsimile number 703-872-9306, according to 37 CFR 1.6(d) addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 12, 2004.

Respectfully submitted,

Date: May 12, 2004

By:


A. Blair Hughes
Reg. No. 32,901

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**ADDRESS TO:**

**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Attorney Docket No.: 00-618-A
Application No.: 09/648,775
Filing Date: 8/28/00
First Named Inventor: Biaggioni
Group Art Unit: 1624
Examiner: M. Berch

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including June 4, 2004.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

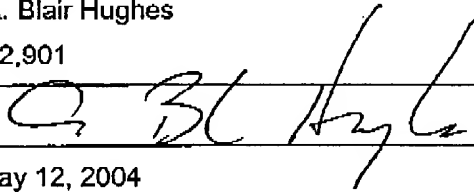
- | | | |
|-------------------------------------|----------------------------------|-----------|
| <input checked="" type="checkbox"/> | One Month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> | Two Months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> | Three Months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> | Four Months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> | Five Months (37 CFR 1.17(a)(5)) | \$ |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

☐ A check in the amount of the fee is enclosed.

☒ The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 13-2490. I have enclosed a duplicate copy of this sheet.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name	A. Blair Hughes
Reg. No.	32,901
Signature	
Date	May 12, 2004

EXT (Rev. 1/3/01)

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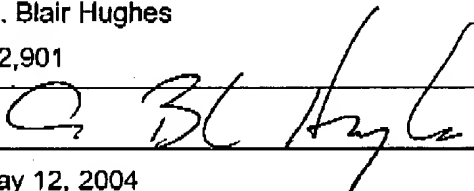
- | | |
|---|-----------|
| <input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1)) | \$ 110.00 |
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| <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5)) | \$ |

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